Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL080014 04/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2201 STATESVILLE BOULEVARD **BROOKDALE SALISBURY** SALISBURY, NC 28147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of a Follow-Up Construction Survey by Ed Miller and April 14, 2016. The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. {C 160} Outside Premises-Clean, Safe {C 160} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition: This Rule is not met as evidenced by: 1. Based on observation, the outside premises was not maintained in a safe manner. This will permit vermin etc. to enter the attic. Findings on April 14, 2016: b. Soffit has been removed and the attic is open at the firewall c. Soffit has been removed and the attic is open at the freezer {C 189} Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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{C 189}	Continued From page 1		{C 189}								
	operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.										
	maintained in a safe the fire-resistance r	ration, the building was not be manner by not maintaining rating of building components. I residents by not containing the room or smoke									
		I, 2016: om a sprinkler escutcheon has an opening to the attic.									
	conformance with through penetration	openings are not in he requirement to use a ifire stop system that has ordance with ASTM E-814.									
		vation, the building plumbing maintained safe and									
	Findings on April 14 Bedroom 3 bathroo from the floor. Sec	m has a toilet coming loose									
	signage and emerg maintained in a safe	vation, the building exit ency illumination were not e manner. This would affect keeping the exits visible in an									
	Findings on April 14 Exit signs and eme in the following loca	rgency lights are not working									

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STATE FORM 9V4522 If continuation sheet 2 of 3

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			A. BUILDING.	VI	R					
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{C 189}	Continued From page 2		{C 189}							
	a) In the North Hall/Bistro area the Emergency lights are not working									
	b) In the Dining Ro corridor is not work	oom the Exit sign to the ing								
	c) Corridor emergency light at the Kitchen is not working									
	d) The Exit Light near room 31 is not working on battery backup									

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